

very important. I thank the gentleman for his amendment.

Mr. GUTKNECHT. Mr. Chairman, I yield 1½ minutes to the gentleman from Minnesota (Mr. KENNEDY).

Mr. KENNEDY of Minnesota. Mr. Chairman, I rise today in strong support of this amendment offered by my good friend, Mr. GUTKNECHT. This amendment fixes a pay disparity currently affecting almost 400 Minnesota National Guard, men and women, serving in Iraq. These members of the 1st Platoon Bravo Company were previously on active duty in 2003, some in Bosnia and some in Kosovo, and I was pleased to be able to visit them with Mr. GUTKNECHT.

However, unlike the soldiers that served in Kosovo, the Bosnia contingent is not eligible for the extra \$1,000 a month incentive pay based on the circumstances of their mobilization.

This technicality will cost these soldiers and their families up to \$7,000. That is simply unfair and must be corrected. That is why I support this amendment which directs the Army to fix this disparity so those who have equally sacrificed for their country receive equality of pay.

Again, I thank Mr. GUTKNECHT for his leadership on this issue.

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Mr. GUTKNECHT. Mr. Chairman, I will be very brief.

I want to thank my colleagues from Minnesota for helping to resolve this inequity. I want to thank the gentleman from Connecticut and my colleagues from Arkansas.

In the big picture, when we were talking about spending hundreds of billions of dollars, \$7,000 for these families does not seem like a lot of money in the big picture. But to those families, \$7,000 is extremely important. So I appreciate your support tonight to make certain that we have equity and create a solution for this problem that is fair to all of the folks who are proudly serving us in uniform wherever in the world, but particularly in Iraq.

Mr. PETERSON of Minnesota. Mr. Chairman, I rise today to support the Gutknecht amendment along with my fellow MN Colleagues.

In January these soldiers wrote to me and every member of the MN delegation asking for help. And I believe as their representatives we have an obligation to address their concerns.

This amendment will correct a technicality that is affecting 400 Minnesota National Guardsmen who are now serving in Iraq. And who knows how many other hundreds or even thousands of reservists all over the country have fallen victim to a similar technicality.

Most of these soldiers had previously served on active duty in 2003, some in Bosnia and the others in Kosovo. The two groups were activated by different orders and now both of these groups are activated together under the same order in Iraq.

The soldiers who served in Bosnia are not eligible for the extra \$1,000 per month in incentive pay because their tours cannot be added together due to a mere technicality.

This issue is about fairness. Unless something is done to change this Army policy, these soldiers and their families will lose out on \$6,000 to \$7,000 in extra pay. They are making a huge sacrifice for our country and this is the least we can and should do for these men and women.

Mr. RAMSTAD. Mr. Chairman, I rise today in strong support of this important amendment, which seeks to end a pay disparity for our brave men and women who are serving in harm's way.

Today, Mr. Chairman, Minnesota National Guard troops are serving in the War on Terror in Afghanistan and Iraq, with more than 3,000 citizen soldiers recently called to service in support of Operation Iraqi Freedom.

As my colleague has previously explained, at least 400 of these 3,000 Minnesotans in Iraq will not be receiving the same pay as many others in their unit.

These are troops who have now bravely served our country in two foreign theaters. These troops not only deserve our utmost respect and gratitude, they also deserve their full compensation for their service and sacrifice.

Mr. Chairman, the Minnesota National Guard truly represents the very best of duty, honor and country. I join the people of the Third Congressional District in thanking our Guard members for their selfless service.

And I'd like to thank my colleague from Minnesota for sponsoring this important amendment and thank all my colleagues from the Minnesota delegation for cosponsoring the amendment and working to end this pay disparity.

I urge my colleagues to support this important amendment.

Mr. GUTKNECHT. Mr. Chairman, I yield back the balance of my time.

The Acting CHAIRMAN (Mr. DUNCAN). All time for debate having expired, the question is on the amendment offered by the gentleman from Minnesota (Mr. GUTKNECHT).

The amendment was agreed to.

The Acting CHAIRMAN. No further amendment being in order, under the rule, the Committee rises.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. INGLES of South Carolina) having assumed the chair, Mr. DUNCAN, Acting Chairman of the Committee of the Whole House on the State of the Union, reported that that Committee, having had under consideration the bill (H.R. 5122) to authorize appropriations for fiscal year 2007 for military activities of the Department of Defense, to prescribe military personnel strengths for fiscal year 2007, and for other purposes, had come to no resolution thereon.

REQUEST FOR REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 4200

Mrs. JACKSON-LEE of Texas. Mr. Speaker, I ask unanimous consent to remove myself as a cosponsor from H.R. 4200.

The SPEAKER pro tempore. Because H.R. 4200 has been placed on the Union Calendar, pursuant to clause 7 of rule XII the gentlewoman's request may not be entertained.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on the motion to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote is objected to under clause 6 of rule XX.

Any record vote on the postponed question will be taken tomorrow.

ENCOURAGING ALL ELIGIBLE MEDICARE BENEFICIARIES TO REVIEW AVAILABLE OPTIONS TO DETERMINE WHETHER ENROLLMENT IN A MEDICARE PRESCRIPTION DRUG PLAN BEST MEETS THEIR NEEDS FOR PRESCRIPTION DRUG COVERAGE

Mr. DEAL of Georgia. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 802) encouraging all eligible Medicare beneficiaries who have not yet elected enroll in the new Medicare Part D benefit to review the available options and to determine whether enrollment in a Medicare prescription drug plan best meets their current and future needs for prescription drug coverage.

The Clerk read as follows:

H. RES. 802

Whereas Medicare now offers a prescription drug benefit for its beneficiaries, known as Medicare Part D;

Whereas more than 35,900,000 Medicare eligible individuals are receiving prescription drug coverage, of which there are more than 27,000,000, including a substantial number of low-income and minority beneficiaries, receiving coverage through the new benefit;

Whereas 8,100,000 beneficiaries have enrolled in stand alone Medicare prescription drug plans;

Whereas estimates indicate that the average beneficiary will save more than \$1,100 this year alone by enrolling in a Medicare prescription drug plan;

Whereas the average monthly premium for enrolling in a Medicare prescription drug plan is now just \$25 per month, which is far below the initial estimate of \$37 per month;

Whereas recent surveys of Medicare beneficiaries enrolled in Medicare prescription drug plans indicate that beneficiaries are satisfied with their coverage;

Whereas advocacy groups including the AARP, National Alliance for Hispanic Health, the National Medical Association, and the National Council on Aging have all sponsored enrollment events designed to encourage eligible beneficiaries to enroll in Medicare prescription drug plans;

Whereas Area Agencies on Aging, State Health Insurance Programs (SHIPs), and other local and community organizations are available to provide seniors with assistance and answer their questions about how to select the Medicare prescription drug plan that best meets their needs;

Whereas pharmacists are on the front line in delivering prescriptions to Medicare beneficiaries and continue to be instrumental in providing valuable information and assistance about the new benefit;

Whereas in recent months Members of Congress have hosted hundreds of events and the Secretary of Health and Human Services, the Administrator of the Centers for Medicare &

Medicaid Services, and other Administration officials have sponsored thousands of outreach and enrollment events, to educate seniors regarding the new prescription drug benefit;

Whereas the deadline for enrollment in the new prescription drug plan without being subject to any late enrollment penalty is May 15, 2006; and

Whereas editorial writers and opinion leaders across the nation have recognized the importance of an enrollment deadline because it encourages beneficiaries to make a decision about enrolling: Now, therefore, be it

Resolved, That the House of Representatives encourages all Medicare beneficiaries who are not yet enrolled in Part D to review carefully all of the options that are available to them and to determine whether enrollment in a Medicare prescription drug plan best meets their current and future needs for prescription drug coverage.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Georgia (Mr. DEAL) and the gentleman from Ohio (Mr. BROWN) each will control 20 minutes.

The Chair recognizes the gentleman from Georgia.

Mr. DEAL of Georgia. Mr. Speaker, I would ask unanimous consent that the gentleman from Connecticut (Mrs. JOHNSON) be allowed to control 10 minutes of my time.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Georgia?

There was no objection.

GENERAL LEAVE

Mr. DEAL of Georgia. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on this legislation and to insert extraneous material on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Georgia?

There was no objection.

Mr. DEAL of Georgia. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today to discuss something of great importance to all Medicare beneficiaries. As my colleagues are no doubt aware, on January 1 of this year, prescription drug coverage for our seniors became more than just something we talked about in this body. It became a reality for every single person eligible for Medicare.

This legislation accomplished a very important thing. It helped millions of senior citizens save thousands of dollars on their prescription drugs.

For years, before enactment of this new benefit, we heard the horror stories of our seniors having to choose between groceries or their medicines, or having to cut their pills in half, all because they just couldn't afford their prescription drugs. Well, now, all those beneficiaries have the option to have good drug coverage and have the quality of life that we wish for all of our American seniors.

As of today, we have nearly 37 million Medicare beneficiaries with drug coverage. This is an outstanding number. The unparalleled effort to get this

brand-new change to Medicare up and running and get people enrolled has truly been incredible. However, there are still individuals who have not yet signed up, and we want to make sure that they are aware of this new benefit and can examine the options available to them, and can and will make a decision as to whether or not to sign up.

We have to remember, though, that this is a voluntary benefit. If a beneficiary chooses not to enroll, then that is his or her choice. However, we will ensure that all seniors have the information available to them to make such an informed decision.

We are on the verge of an important date in the implementation of the new Medicare prescription drug benefit. The initial enrollment period for drug coverage ends at midnight, May 15. All beneficiaries who have not signed up for this new benefit will need to make a choice. If there is a Medicare prescription drug plan out there that will save you money on your prescriptions, I would urge these seniors to sign up before May 15 in order to avoid paying a penalty. Like Medicare part B, if a beneficiary fails to enroll in part D during their initial eligibility period, then they may have to pay a penalty.

Even if you are a Medicare beneficiary who doesn't have any prescription medicines right now, I urge you to consider signing up. You can't wait until you have had an automobile accident to buy automobile insurance. And if you are eligible today and can save money, then I urge you to sign up before the open enrollment period ends.

Local outreach efforts and enrollment events are being continued across the country, and the capacity is in place to help callers who phone to 1-800-Medicare. People with Medicare can join a Medicare drug plan through the mail, by phone or over the Web now through May 15 of 2006. All completed applications postmarked on May 15 must be processed.

I urge all my colleagues to help their constituents to examine all the options available to them. We can't afford to let the opportunity to save thousands of dollars on prescription medicines pass even one of our seniors by.

I encourage, therefore, my colleagues to adopt this resolution.

Mr. Speaker, I reserve the balance of my time.

Mr. BROWN of Ohio. Mr. Speaker, I ask unanimous consent to yield half of my time to the gentleman from California (Mr. STARK).

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Ohio?

There was no objection.

Mr. BROWN of Ohio. Mr. Speaker, I yield myself 2 1/4 minutes.

Here are the facts. They aren't pretty. It is the evening of May 10. That means there are three working days left until the part D enrollment deadline.

If you are one of the more than 5 million Medicare beneficiaries who lack

coverage and you are not on Medicaid, this deadline is binding on you.

Unless you enroll by the 15th, you face a late penalty that increases each month until you do enroll. Your next enrollment opportunity isn't until November, but the penalty rises anyway.

When and if you do enroll, the accumulated penalty will be added to your monthly part D premium. Most beneficiaries who sign up in November will pay a 7 percent penalty for as long as they have coverage.

Why should seniors be tied to the original deadline when the part D program missed its own deadline?

Part D was supposed to be up and running by January 1. Unless you believe that mass confusion, major computer glitches, daily bad press, hit-or-miss consumer assistance qualifies as up and running, then part D was not up and running by January 1 or February 1 or March 1. It is barely up and running now.

Why are Medicare enrollees being pressured into a drug plan? Where is the line between pressure and coercion? And what right does the Federal Government have to let the drug industry and the insurance industry, and what right does the President have and the Republican leadership in Congress have to let the drug companies and the insurance industry write this bill, pass in the middle of the night and then penalize seniors when they are confused by this bill? If some seniors are wary of enrolling, who can blame them?

Aided by a less than hospitable Web site, a blizzard of insurance company marketing materials, an overburdened Medicare hotline, seniors are being asked to choose a drug plan that they simply can't understand, that no one can understand very well.

State and local agencies trying to help Medicare beneficiaries, including my office and the office of Mr. GREEN and Mr. ALLEN and Mr. STARK and Mr. McDERMOTT, are doing the best we can. But navigating part D hasn't been easy for any of us.

There are 400,000 Medicare beneficiaries in my State who have not signed up. They shouldn't be pressured. They shouldn't be penalized. Seniors didn't ask the Republican majority to bypass Medicare and build a drug coverage obstacle course. Seniors didn't ask the Republican majority to let the drug companies write the bill and let the HMOs shape Medicare policy. That was this body's decision. That was the President's decision, based on huge numbers of HMO and drug company contributions. Seniors have to live with it. Giving them time is the least that we can do.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I thank the gentleman from Georgia for yielding time to the members of the Ways and Means Committee Health Subcommittee.

Well, there you have it, folks. There it is. Almost 90 percent of seniors have drug coverage today, more than ever before in America's history, and

thanks to Medicare part D and its 10,000 grass-roots partners who have reached into communities across our country to provide personal, face-to-face advice to millions of seniors on signing up.

In Connecticut, 75 percent of our Hispanic seniors are signed up; 69 percent of our African American seniors are signed up; 65 percent of our Asian American seniors have signed up because, for the very first time ever, Medicare has partnered with people right in their local communities to give them the help, support, advice, to make their own choice about Medicare, which Medicare part D plan helped them do.

And you know what? Poll after poll shows how seniors are happy with the benefits provided by these plans. AARP, the largest organization representing seniors, found that eight out of ten seniors enrolled in the program said that it met or exceeded their expectations. A Kaiser Family Foundation poll found that three out of four seniors enrolled in a Medicare D plan are satisfied with their plan and are not having trouble getting the drugs they need.

Seniors are signing up and they are liking it. Why? Because it saves them money. It saves them lots of money. It saves some couples \$4-, \$5,000 a year.

Why are they signing up? Because it protects them from dangerous, adverse drug interactions. They have never had that protection before.

Why are they signing up? Because it protects them from catastrophic drug costs. They have never had that protection before. They have never had that financial security before.

When Gail Glazewski from Cheshire, Connecticut, found out that her part D drug program was going to save her \$2,000 a year, she just let out a whoop of glee and said, I am the happiest senior citizen in town. Gail is one of the millions of seniors that the New York Times reported last month as Medicare's satisfied customers. The newspaper said, They are not vocal, they are not organized, but they are saving hundreds, and in some cases, thousands of dollars for our seniors.

The only sad note has been the dedication of some to scaring our seniors. It is not uncommon to have a senior tell me how complicated the program is, how unfair it is, how wrong that I worked so hard to pass it, only to come back and tell me later, after they went to the choices counselor, as I proposed, how easy it turned out to be, and how much money they were saving.

You know, nothing has moved me more than some of the seniors who have come to me after these counseling sessions with the buses that CMS has provided, with the State counselors, with the local people, and as one said, she said, you know, I was sad when I came here. This is the difference between my staying in my home and having to give up my home.

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So this is a big step forward for Medicare. It is a dramatic change. It is really exciting to see how people have come forward and signed up. We have a few more days, and the message is sign up, sign up, sign up. It not only saves you money, it gives you health protection and financial protection. You have never before had access to through Medicare.

Mr. Speaker, I rise today to offer a resolution urging seniors to sign up for a Medicare drug benefit plan before the deadline. Why? Because it will save you money on prescription drugs, protect you from harmful drug interactions, and cover 95 percent of your costs if your personal expenditures exceed \$3,600. Medicare Part D will fundamentally improve our seniors' health and financial security.

The Medicare momentum we're witnessing is undeniable. Of the 42 million seniors in Medicare, 9 million have drug coverage, either through TRICARE, FEHBP, or as active employees, and do not need to enroll. The 33 million remaining, includes 28 million seniors that are now benefiting from the program. Of the 5 million remaining another 1 million are expected to sign up before the deadline and another 2 million seniors, that qualify for extra help, can continue to sign-up throughout the year. So at this point it looks like 40 million of the 42 million seniors in Medicare will enjoy prescription drug coverage or can sign up for it at any point during the year.

A truly remarkable fact and it is due to the spectacular commitment of over 10,000 grass-roots organizations that in partnership with CMS, have been conducting face-to-face enrollment of seniors. CMS and its 10,000 grass-roots partners are conducting more than 1,800 enrollment events across the country each week, right up until the May 15th enrollment deadline. Additionally, CMS has increased resources to keep the wait times down and beneficiary support up at 1-800-MEDICARE and the Medicare.gov website.

And these seniors and the disabled are filling more than 93 million prescriptions a month—an average of 3 million a day. As important, once enrolled in the program seniors are happy with the benefits provided. AARP, the largest organization representing seniors found that 8 out of 10 seniors enrolled in the program said that it met or exceeded their expectations. A Kaiser Family Foundation poll finds that 3 out of 4 seniors enrolled in a Medicare drug plan are satisfied with their plan and are not having trouble getting the drugs they need. Seniors are giving this new benefit their stamp of approval!

But this is a major change in the Medicare program and it is not surprising that there have been implementation pitfalls along the way as we heard from GAO and other witnesses at our subcommittee hearing. Because CMS has aggressively taken ownership of these implementation problems, most of the problems were addressed within the first two months of the year. For some, the solutions have been agreed to and implementation is now proceeding as states submit their bills. Once the program is free to focus on the delivery of benefits to our seniors, we will, I'm sure, identify refinements that need to be made with either CMS' contracting standards or the law.

But at this point, the enrollment numbers and survey after survey attest to the tremen-

dous value of the Medicare drug benefit. The real story is that seniors across the country are saving money!

For example, seniors like Gail Glazewski from Cheshire, CT are saving \$2,000 a year who described herself with glee as "the happiest senior citizen in town when I realized how much I was going to save!" That is the real story of the Medicare prescription drug benefit and it is being repeated all around the country. Gail is one of the millions of seniors that the New York Times reported about last month as "Medicare's Satisfied Customers." The newspaper said "they are not vocal, they are not organized," but they are saving hundreds and in some cases thousands.

The only sad note has been the dedication of some to scaring our seniors. It's not uncommon to have a senior tell me how complicated the program is, how unfair, how wrong I was to work so hard to pass it—only to admit that they haven't tried to sign-up—and only to say after we help them—that it wasn't hard and look at the money I'm saving.

When I travel around my district, I meet senior after senior who has signed up and is saving money and each day help seniors sign up and save. As we approach the end of the enrollment period, I urge every senior to sign up, save money, and protect yourself against catastrophic costs and harmful drug interactions.

There are still seniors that have questions about the program and haven't enrolled. It's natural to have questions with a change this big. But every senior—especially those without drug coverage—should assess the drugs they take and talk to a counselor at 1-800-MEDICARE, at one of the many hotlines states are operating, or at their local senior center or agency on aging. They should not let questions about this program dissuade them from saving money like so many of their friends, family and neighbors are.

This brings me to my final point. Some are urging delay of the deadline for signing up. Unfortunately, too often these are the same Members who use scare tactics to discourage beneficiaries from signing up early. All programs have deadlines. Shame on them! We must enforce the deadline so the plans can deliver! We need to let the system work so any needed refinements needed be addressed promptly.

For years Members of Congress have talked about adding prescription drug benefits to Medicare. But today—right now—a Medicare prescription drug benefit is a reality. Thirty million seniors are benefiting from it, including 8 million who had no drug coverage before. That is a great, historic achievement for both the health and financial well-being of our seniors.

I reserve the balance of my time.

PARLIAMENTARY INQUIRY

Mr. STARK. Mr. Speaker, I would like to address a parliamentary inquiry to the Chair.

Is this motion amendable?

The SPEAKER pro tempore (Mr. INGLES of South Carolina). No, it is not.

Mr. STARK. Mr. Speaker, second parliamentary inquiry. Is it possible for the gentlewoman from Connecticut, the author of the amendment, to withdraw the motion, accept a friendly amendment to urge the administration

to move the May 15 enrollment deadline to the end of the year, thereby enabling another 1 million people to enroll and saving 7 million people from extra penalties, and then reoffer the motion to suspend the rules and pass this resolution?

The SPEAKER pro tempore. The motion would be permitted to specify whatever text might be proposed for adoption by the House.

Mr. STARK. Mr. Speaker, that is the question.

I would therefore, Mr. Speaker, like to address a question to the author of the bill. Would she be willing, as you have said, she has the clear authority to withdraw her motion, amend it so that 1 million Americans would have extra time to sign up and save the money and then resubmit it to the House. Then I am sure we will all support her resolution.

I would be glad to yield to the gentlewoman from Connecticut if she would care to respond.

Mrs. JOHNSON of Connecticut. I would be happy to respond. Actuaries estimate things differently. The CMS actuaries estimate that 1.1 million won't sign up if we move the deadline. In other words, they will lose the pressure they have today to sign up by May 15 and the total will be lower, not higher.

Mr. STARK. Mr. Speaker, I thank the gentlewoman for her response. I would like to note that the gentlewoman, Mrs. JOHNSON from the Fifth District of Connecticut, having the clear opportunity to afford millions of Americans the extra time to sign up for this marvelous program has declined to do it. In doing so, she has condemned probably 7 million people to paying an extra 7 to 10 percent on their premiums for the rest of their lives.

If this plan is so good, then my question would be why the gentlewoman from Connecticut, who is refusing to extend the time for these seniors, why they are doing that. It just amazes me, Mr. Speaker, that if the plan is good why they would try to deny this. The extra million people that the Congressional Budget Office tells us would sign up and for the great savings that would come it would cost an extra maybe \$100 million.

But out of a \$1 trillion bill that would seem to me to be a paltry amount and it would save 7.5 million seniors from this additional Republican tax on their Medicare benefits. I just wanted to know clearly that it is Mrs. JOHNSON, the author of this, who refuses to allow us to vote on the opportunity to extend the deadline for those many millions of Americans who haven't been able to participate.

I reserve the balance of my time.

Mr. DEAL of Georgia. Mr. Speaker, I yield myself such time as I may consume. Actually, Mrs. JOHNSON is not the author of the resolution. I believe I am. I would have the same response because I find it somewhat interesting that the gentleman from California

who, according to my statistics, says 83 percent of his seniors who have signed up for the program, who I believe voted against the inception of the program to begin with, and who has repeatedly said how bad the program is, would now say we need to give more time to sign up for a program that he doesn't like to start with. There is something basically inconsistent.

If we had seen as much effort on the other side to encourage seniors to sign up as we have seen to discourage them from doing so, perhaps we would have had a higher percentage rate. He is to be commended because 83 percent is a very good rate. I commend the citizens of his congressional district for having the foresight to be able to take advantage of this great opportunity.

I reserve the balance of my time.

Mr. BROWN of Ohio. Mr. Speaker, I yield 1½ minutes to the gentleman from Texas (Mr. GENE GREEN), who has pointed out the problems in this program with the drug industry and all but has been a leader in trying to fix it.

Mr. GENE GREEN of Texas. Mr. Speaker, I rise in support of the resolution and thank my colleague from Ohio for all eligible beneficiaries to enroll in part D before Monday's deadline. Last night our office did hold two enrollment workshops to help seniors in our district navigate the Medicare Web site to choose a plan that best suits their needs.

Large numbers could not choose a plan because of the confusion that they had, even though they walked out with the principal versions from our volunteers who worked the Internet.

I didn't vote for the Medicare Modernization Act, and we could have provided seniors with a more comprehensive and less confusing benefit. But make no mistake, I want every Medicare beneficiary to get the most out of what benefit Congress did pass. That is the reason I support the resolution. What I question, however, is the House Leadership's decision to schedule this particular bill.

We could be spending time on legislation to actually fix the problems associated with part D. We could consider legislation to reduce the price of the drugs by allowing Medicare to negotiate with the pharmaceutical companies. That was a question my seniors had at the workshop.

We should also consider legislation to extend an open enrollment period and give beneficiaries a one-time chance this year to change plans if they decide to instead of discussing ways to improving the clearly flawed plan, which does nothing substantive for our seniors.

Also, my colleague from Connecticut talks about CMS actuaries. These are the same actuaries I think that told us this plan was going to cost 400 billion. Now we know with the money we may spend on it we could actually give seniors a quality plan without so much confusion.

Mr. STARK. Mr. Speaker, I yield 3 minutes to the distinguished gen-

tleman from Washington State (Mr. McDERMOTT).

Mr. McDERMOTT. Mr. Speaker, the Medicare prescription drug benefit plan is doing a bad job, and it is doing a worse job of helping those who need the help most. I was down in the lunchroom in the Longworth Building, and one of the cashiers stopped me and said can you explain to me how this works? She said, I figured out what it is going to cost me to join, and I can save more money by going to Costco. My drugs will cost less in Costco. If you added it all up, I am going to be better off staying out of the program and buying my drugs at Costco.

Now, this program was faulty in its inception, and of the millions of people on Medicare who still haven't signed up, 85 percent of them are poor enough to qualify for the low income subsidy. When this bill was in the Ways and Means Committee, we offered the opportunity to the chairman to sign up these poor people at the beginning, automatically, because they are low income. We know what their income is. They are not going to get rich all of a sudden. But, no, we are going to let them flop around out there trying to figure out this complicated program.

Now, how could we have let it happen? Well, haven't the Republicans been telling us that the Medicare drug benefit was intended to help those most in need, those eligible for low income subsidy?

They turned down, the author of this turned down tonight Mr. STARK's offer to rewrite this thing and get all these people in.

But that is not what really went on here. Just encouraging people or threatening or, as the gentleman from the Energy and Commerce Committee says, keeping the pressure on old people is not sufficient. That is not humane public policy. You ought to be ashamed of saying something like that. We want to pressure.

My mother is 96 years old. I don't need you pressuring my mother on this drug plan if she can't figure it out. Now the low income beneficiaries are twice as likely to have health problems, mental problems or live in a nursing home. Many have difficulty with English. You can't just stand out here and say, hey, folks, sign up, sign up. They can't figure out what to do.

You have made it so complicated so that they wouldn't sign up. That is what you did. You wanted the ones who were most needy to be unable to figure out how the plan would work so they could be left out.

Now, just to show what a warm heart you have, you slap a 7 percent penalty on them for the rest of their life. You say to them, if you don't sign up by the 15th of May, you can't sign up for 6 months, and it is going to cost you 1 percent a month for every month you don't sign up. That kind of loving treatment is, in my view, exactly what this program does not need.

It is a mess, this is a bad resolution. We will all probably, you know, vote

for it. But when you let the drug companies write the bill, it was never meant to work for ordinary people.

The program needs time to find these people and help them.

Blindly adhering to the May 15th deadline, just five days away, dramatically penalizes many seniors who have not signed up.

This program has been a mess from the start.

If Republicans are serious about helping seniors, we must extend the deadline for enrolling, remove the penalties for not signing up, and streamline the procedures, so that our most distinguished citizens can actually understand this.

Just because Republicans let big drug companies help write the legislation doesn't mean we are helpless to take action.

Republicans were wrong about the real cost of this program. Now they are wrong when they say they want to help seniors.

An artificial deadline won't help seniors. A real prescription drug benefit will.

Mr. STARK. Mr. Speaker, I ask unanimous consent to yield the additional time I may control back to Mr. BROWN.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I recognize myself for 1½ minutes.

I do find it really quite remarkable that my colleagues from the other side of the aisle, who spent literally months scaring seniors away from signing up for this benefit, claiming it was too complex, claiming it was this and that. I can't tell you how many seniors I had call my office saying oh, I cannot do this, it is too hard.

Then when we show them they say, oh, it is not so hard. Fifty-four percent of the people who signed up signed up themselves. The tools provided made it not so hard.

Yet colleague after colleague, and I read it in the paper and I saw it, spent their entire time and effort scaring seniors, shameful behavior for elected officials.

Of course, now we come to the end and they want to extend the deadline. They should have been out there the last few weeks saying sign up, sign up. Let me tell you, I can't tell you how many we helped. I would just like to remind you that your own bill had an earlier deadline than the bill we are dealing with. So let us pull together, get everybody to sign up. Then let us let the plans deliver the goods.

You who said this was complicated ought to be the first one who wants these plans to have some time to deliver the services to the seniors who signed up, the 90 percent, the seniors who signed up, so we can make sure that the plans will run according to Hoyle, according to their promises, that they will deliver, and that we can know whether there is any fine-tuning that needs to be done before the next round of sign-ups.

I reserve the balance of my time.

Mr. BROWN of Ohio. Mr. Speaker, the difference may have been our legis-

lation was written by senior advocates while theirs was written by the drug companies and the HMOs.

I yield 2 minutes to my friend from Maine (Mr. ALLEN), who has fought to make this program work way better than the drug companies and the insurance companies designed it to.

Mr. ALLEN. Mr. Speaker, I thank the gentleman for yielding. Mr. Speaker, there is no amount of public relations spin or resolutions which can cover up the frustration that people felt in the beginning.

People in my office, on this side of the aisle, all of us, were trying to help people sign up because we knew that this bill would help some of our constituents. This is one area where we agree. There are some people who are helped by this legislation. Not surprising, we are moving over half a trillion dollars into this program over 10 years, billions and billions of dollars in excess funds to the pharmaceutical companies, billions and billions of dollars in excess funds to the insurance companies, but it is absolutely true. Seniors do get some of it.

But the problem with this legislation is, from the beginning, confusion, inability of people to understand the program. The frustration has been just remarkable.

The problem here today is that the people who have not signed up for this program are often the people who need the drug assistance the most.

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They are the ones who are not signing up.

Nationally, only about 1.7 million of the 7.2 million low income seniors are actually receiving the low income subsidies that this legislation should provide. That is what is happening in Maine. We have 6,000 low income residents who have been in the State Pharmaceutical Assistance Program, and, as of today, we still don't have word from CMS that these people are eligible to receive the low income subsidy, so they are not getting the coverage they need.

What is wrong with some additional time? Why slam the door on these people, make them pay this Bush prescription drug tax for the rest of their lives? Why not give them the extra time and do this program right? That is what we ought to be doing, so the people who need the coverage the most can get it.

One final comment: The gentleman from Connecticut said millions have signed up. Many of those millions didn't sign up at all. They were automatically enrolled.

Mr. DEAL of Georgia. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, let me clarify a statement that Mr. McDERMOTT attributed to me about keeping the pressure on senior citizens. I did not say that. The New York Times said that.

He said he had a 96-year-old mother who is confused. I have a 99-year-old

mother. I am sure he was like me, a good son, who helped his mother figure out what is the plan that was best for her, and she signed up and she is very happy with it.

He also alluded, as did the last speaker, to low income seniors who are under a deadline. CMS has made it very clear if they are entitled to the low income subsidy, that the deadline will not apply and they will take care of that problem. So the problem is a non-existent one.

Mr. Speaker, I yield 3 minutes to my colleague, the gentleman from Georgia (Mr. GINGREY).

Mr. GINGREY. Mr. Speaker, I thank the gentleman from Georgia for yielding.

Mr. Speaker, today I rise in strong support of House Resolution 802, encouraging America's seniors to take a serious look at the new prescription drug benefit under Medicare. There is less than one week left before the May 15 deadline, and I want to encourage all seniors to take this hard and thoughtful look to find the program that best fits their needs.

There are more than 37 million seniors enjoying the benefit of prescription drug coverage, and I want to share with you some the success stories I have heard from the great state of Georgia.

Mary and Jerry O'Brien of Cobb County sent me an e-mail highlighting their success with Medicare part D. Mr. O'Brien wrote, "I went to Medicare.gov and I found a comparison of various programs. I chose one for my wife for \$70 a month which has no deductible. We had no prescription insurance before and find Medicare part D to be very effective. We saved enough on the first prescriptions to pay for two months of premiums. I realize the program got off to a shaky start, but as far as I am concerned, it is now working well."

Mae Thacker of Kingston, Georgia, and her husband had heard the Medicare benefit was too difficult and wouldn't save them any money. But after learning a little about the program and enrolling, Mae was sold on Medicare part D. She was paying \$781 a month for her drugs. Now, Mr. Speaker, with the Medicare part D plan she pays only \$178 a month, saving \$600 each and every month.

Mr. Speaker, I can go on and on highlighting the success stories I have heard from the Eleventh District, but I will just mention quickly an additional two.

Lola Squires of Cedartown lives on a fixed income and she qualified for the low income supplement. Last year, her monthly drug bill was \$1,016. However, when she got on Medicare part D, she is now paying, guess what, \$27 a month, saving more than \$900 per month on her medications.

Cornelia Kinnebrew of Rome was paying more than \$700 a month. Now, with the new drug plan, she pays only \$37 a month, saving \$600.

So, Mr. Speaker, America's seniors should not take my word for it, but listen to their peers and hear what this program is doing for them. Medicare part D is worth looking into. Take the time to call 1-800-Medicare and find out what plan works best for you and your needs, and do it today.

Mr. BROWN of Ohio. Mr. Speaker, I yield 3 minutes to the gentleman from Maryland (Mr. CARDIN).

(Mr. CARDIN asked and was given permission to revise and extend his remarks.)

Mr. CARDIN. Mr. Speaker, I must tell you that I agree and have been talking to my seniors that they need to, and I quote, "review carefully all the options that are available to them and determine whether enrollment in a Medicare prescription drug plan best meets their needs."

I have had over 30 town hall meetings since this bill has been enacted, and at these meetings I have had people from our Office on Aging to help seniors go through the different options to make a decision whether they need or they don't need to join a plan and which plan they should join.

But, Mr. Speaker, the problem is, the information that was made available to them when this bill was passed was wrong. The information is extremely confusing. In my State we have 47 or 48 different plans with deductibles that range by great numbers, and it is very difficult for my constituents to understand this bill.

I have gotten e-mails from people in Maryland who tell me the bill is very confusing, and they should at least be allowed more time to make a decision. I got e-mails saying that this one constituent is going to make a decision, but he is not sure whether it is right or wrong because he needed more time and he doesn't have that time.

So, Mr. Speaker, yes, we want our constituents to make the right decision, and we urge them to focus in on making the right decision, but it is absolutely wrong that we are not extending the May 15 deadline. Our constituents need more time, and we certainly shouldn't be imposing a lifetime penalty because a senior perhaps makes the wrong decision in part because of our failure to get the right information to our constituents.

Mr. Speaker, I would have hoped that we would be using the time now to correct this bill. This bill is structurally flawed. We need to make this a real benefit within Medicare. We need to take on the cost of prescription drugs. We need to deal with the coordination of the benefits with retiree benefits so that retirement plans don't terminate retirees' prescription drug coverage. We need to do all that.

We need to cover drugs that aren't covered today. I could tell you of a person in my district, Barbara Waters, who had her drugs for epilepsy covered before this bill was passed, and now it is not covered because it is under a class of drugs not covered under Medi-

care. We need to correct that. There is a whole group of organizations that are urging us to correct the bill.

So I appreciate the fact that we have a resolution on the floor urging seniors to focus on what is in their best interests under the law we passed, but what we should be doing is having a bill on the floor giving our seniors more time, eliminating this penalty and then correcting the mistakes that we made when we passed this bill.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I yield 3 minutes to the gentleman from Georgia (Mr. KINGSTON).

Mr. KINGSTON. Mr. Speaker, I thank the gentlewoman from Connecticut for yielding and the gentleman from Georgia for his leadership on this issue.

I want to tell the story about Bennie and Katheryn, real people in Vidalia, Georgia. This is a couple who was paying \$2,200 a month for their prescription drug bill. One of my staffers happened to be related to them and heard about it, and he went over there and sat down with them on all their drug needs and went over the website. He did not make a recommendation, but he showed them the information and they made their own choice. Now their total drug cost has gone from \$2,200 a month to \$104 a month, a 95 percent savings.

When they saw stuff like that, they did not believe it was possible, because they too had heard some of the rhetoric, some of the angry, some of the bitter rhetoric that comes out of Washington, D.C., and they thought, well, there is no way. But, in fact they are enjoying it now, and they need that extra income just like so many other millions of seniors do around the country.

Mr. Speaker, I heard former Secretary of Health and Human Services Tommy Thompson say that when Gladys starts talking to Mabel, this thing will really take hold. And, indeed, that is the truth. My office has had 48 workshops helping people decide which program works for them. Maybe it doesn't work for them, because I am always quick to say, it might not be the best thing for everybody. That is part of what a public offering is. Sometimes it works, sometimes it doesn't. But it works for most people. It is about a 50 percent to 60 percent savings for most people. Bennie got a 95 percent savings. Not everybody is going to get that.

But the interesting thing is that Gladys is talking to Mabel, because my friend GIL GUTKNECHT always quotes Ronald Reagan in saying that markets are more powerful than armies. In this case we have an army of people saying this is a horrible program that should be thrown away, thrown out; it is bad, it is wicked, it is the Republicans up to no good.

But look at the market. In my district, with my 48 workshops, our market penetration is about 70 percent right now. The interesting thing is one

of my colleagues who is not in favor of this bill has about the same penetration, and he hasn't held one workshop.

That is one the ironies of it. I thought I am going to go out as a salesperson and really wave the flag and tell everybody how great it is. I am irrelevant. The market is more powerful than the army, the army for it or the army against it. The market is selling this thing, not the Republican Party, not the Democrat Party, wherever they may stand on it at the moment.

The reality is the seniors like it, and the reality is our seniors need it, because so many of them were having to choose between food on their table and prescription drugs.

My mom, who takes Tamoxifen from now on for the rest of her life, and my dad who has diabetes and their friends, they have some choices. Not everybody is going to sign up for it, but everybody is aware that the program is out there.

I will close with a quote from my good friend from Minnesota, who had voted against this bill. He said he has moved from being an atheist to an agnostic, but pretty soon he is going to be a holy roller and a believer like everybody else, because markets are stronger than armies.

Mr. BROWN of Ohio. Mr. Speaker, I yield 2 minutes to the gentlewoman from Chicago, Illinois (Ms. SCHAKOWSKY), who has been fighting in her district to explain this bill and to improve it.

Ms. SCHAKOWSKY. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, there are times that I wonder whether my colleagues on the other side of the aisle live in a different reality from the rest of us. This resolution encourages senior citizens and persons with disabilities to carefully review all the part D private plan options before them and determine whether to purchase a policy.

We all want senior citizens and disabled people to make informed choices, and we have been helping them, but the reality is there is no way that the millions of beneficiaries who have not enrolled are going to be able to do that in the next 5 days.

The Republican resolution completely ignores the complicated mess that the Republican Congress created in part D. It ignores the fact that current HHS Secretary Leavitt's parents, who he helped, got it wrong and had to change plans.

It ignores the Kaiser Family Foundation report that nearly half of all citizens don't know about the May 15 deadline or the lifetime financial punishment they will face if they miss it, permanent higher premiums as long as they live.

It ignores the GAO report that the Medicare hotline gave inaccurate or inadequate information on which was the best plan to 60 percent of the callers.

It ignores the fact that independent counselors are inundated and unable to provide unbiased advice to sort out the dozens of private plans available.

It ignores the Family USA Report that three out of four low income seniors have not signed up.

It ignores the fact that half of the seniors who didn't have drug coverage last year still don't have it today. That is 10 million people.

It ignores the fact that yesterday's CNN poll said that 47 percent of seniors said the part D program isn't working.

As hard as the Republicans may work to ignore reality, the real reality out there for most people, it won't go away. And the pressure should not be on older and disabled Americans to act over the next 5 days. It should be on the Republican majority to extend the deadline and fix this mess.

Mr. DEAL of Georgia. Mr. Speaker, I yield myself such time as I may consume.

In spite of the doom and gloom, I am pleased to say to Ms. SCHAKOWSKY that in her State of Illinois, 72 percent of her seniors feel it is a good idea and have signed up. I think that is a good percentage.

Mr. BROWN of Ohio. Mr. Speaker, will the gentleman yield?

Mr. DEAL of Georgia. I yield to the gentleman from Ohio.

Mr. BROWN of Ohio. Mr. Speaker, I am confused by that. Are you saying 72 percent chose to sign up of those eligible?

Mr. DEAL of Georgia. Seventy-two percent of those eligible are on the program, yes.

Mr. BROWN of Ohio. I am confused. Did they choose to sign up, or were some forced to sign up from Medicaid?

Mr. DEAL of Georgia. Surely as our ranking member on the the Health Subcommittee, you know on dual eligibles they are signed up under the program, as the law provides. So dual eligibles are included.

Mr. Speaker, I will reclaim my time. The gentleman has more time remaining than I do. I will be glad to debate him on his time.

Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. BURGESS).

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Mr. BURGESS. Mr. Speaker, I thank the chairman of the Subcommittee on Health and Chairwoman JOHNSON for bringing this important bill to the floor of Congress this evening.

Mr. Speaker, we have heard some talk about how complicated the program is and how confusing it is. I would like to just take a moment to point out that if you have a couple of things at your disposal it is not that confusing at all. And if you will put your prescriptions in one hand and in the other hand your Medicare card, and then call 1-800 Medicare, the people at the other end can help you with choosing the right prescription drug coverage for you.

Yes, there are a lot of plans. In my State of Texas, there are 20 different drug plans that have a variety of different permutations, and 36 different prescription drug options are out there.

But if you approach it from cost, coverage and convenience, look at how much the cost is, if that is your most important driver, look at the coverage of the medicines provided, if that is your most important driver, or if you want to get mail order or your mom-and-pop pharmacy down the street, if that is the most important thing, make that the issue that becomes the top of the list, and then cost, coverage and convenience.

You can go through with their Plan Finder tool on the Web site, www.medicare.gov, or again 1-800 Medicare, have your prescriptions ready so you know what you are taking and the dosage you are taking, and they will help you with that.

The SPEAKER pro tempore (Mr. INGALLS of South Carolina). The gentleman from Ohio (Mr. BROWN) has 4 minutes remaining, and the gentlewoman from Connecticut (Mrs. JOHNSON) has ½ minute remaining, and the gentleman from Georgia (Mr. DEAL) has ½ minute remaining.

Mr. BROWN of Ohio. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I would like to follow what Dr. BURGESS says, but GAO says 60 percent of the calls to 1-800 Medicare they have given out wrong information, and I wish our government would get organized before they penalize seniors for not being organized.

Mr. Speaker, I yield 2 minutes to the gentlewoman from Madison, Wisconsin (Ms. BALDWIN), who has worked hard to make this bill written by the drug companies a better bill, a better law.

Ms. BALDWIN. Mr. Speaker, it has really been clear from day one that the Medicare part D prescription drug program was planned with the best interests of drug companies and insurance companies but not seniors in mind.

This plan was wrongfully conceived, and then poorly implemented so that seniors had to struggle to understand a confusing mass of plans, prices and protocols.

As we approach the deadline by which seniors must enroll in a plan or be faced forever more with a financial penalty, it is obvious that we need a new prescription for progress.

Just last week, a GAO report found that the information about the part D benefit provided by CMS through the hotline and handbooks and their Web site was full of errors. We should not penalize seniors for a poorly designed program which was poorly implemented.

Mr. Speaker, we must change this deadline now and allow seniors adequate time to study their options and choose the drug plan that best fits their needs. Instead of passing this meaningless resolution, we should pass legislation to extend the deadline and truly help seniors.

Mr. BROWN of Ohio. Mr. Speaker, may I ask my friend their plans?

Mr. DEAL of Georgia. Mr. Speaker, I believe I have 30 seconds remaining,

and I would have the right to close. I would reserve it with no other speakers that I intend to use.

Mrs. JOHNSON of Connecticut. I have 30 seconds remaining. I will be the last speaker before you.

Mr. BROWN of Ohio. I would like to be the next to last speaker under the rules. So whichever of you wants to go.

Mr. Speaker, I yield 1 minute to the gentlewoman from Texas (Ms. JACKSON-LEE).

Ms. JACKSON-LEE of Texas. Mr. Speaker, my friends on the other side are confused. First of all, they know that most of the seniors that they speak of have been automatically enrolled through Medicaid. But they also know that only 55 percent know that the deadline is May 15 and only 53 percent know the lifetime penalty.

Mr. Speaker, I have tried to make lemonade out of lemons. For the last 2 months, I have had those enrollment meetings, and in those meetings I have found the confusion and as well the 1-800 number does not work.

Mr. Speaker, I will have a meeting on May 15, the morning of May 15. I will open up the opportunity for seniors to enroll on the spot. But the contractor that has been hired by HHS only has three computers for my constituents to use, drawing on the City of Houston.

So what I say is do not waste time on this resolution that I do support, extend the deadline and end the penalty, and do not pressure senior citizens with frail health conditions. Do not pressure low income seniors. This is not the opportunity to pressure seniors. This is an opportunity to provide for the Medicare prescription of all seniors eligible to enroll.

Mr. Speaker, I would ask, extend the deadline past May 15 and end the lifetime penalty for our seniors. They deserve our respect and appreciation.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, let me just correct a few facts on this record, because for those watching this debate I want them to understand two things. First of all, all low income seniors can continue to enroll without penalty. That is just a fact. No low income senior has an enrollment deadline.

Secondly, this GAO report that was referred to earlier, it actually says that CMS's help line accurately and completely answered callers' questions two-thirds of the time. They go on to say that CMS provided accurate and complete responses to calls about beneficiaries' eligibility for help 90 percent of the time.

So we have worked hard. We have done well. Seniors are signing up and saving money.

Mr. BROWN of Ohio. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I would correct my friend from Connecticut. Not all low income seniors can enroll without penalty, only some low income seniors can enroll without penalty. I hear her bragging that two-thirds of the time, two-

thirds of the time you call 1-800 Medicare you get correct information.

That means one-third of the time you do not. So we are not penalizing the administration for not being able to get this law up and running correctly. Nobody has lost their job over that. But we are going to penalize seniors who have not made up their mind because of this confusing law, because they were getting wrong information from the 1-800 Medicare number that we talk about on the floor.

We are going to charge seniors as much as a 7 percent penalty for the rest of their lives if they do not get this together by November.

Mr. Speaker, a Republican pharmacist in my district said to me, he said, "President Bush might as well have handed a blank legal pad to the drug industry and said write this new Medicare law."

Congress and the President wrote a confusing plan at the behest of the HMOs and the drug companies, and then Congress and the President are saying that seniors should have to pay a penalty, seniors in Cincinnati and Dayton and Columbus and Toledo and Mansfield and Chillicothe and all over my State and all over Connecticut and all over Georgia and all over Minnesota have to pay a penalty because the drug industry and the HMOs and those lobbyists in Washington got this Congress to write a law like that. That hardly seems fair.

Mr. Speaker, I would just ask my friends on the other side of the aisle, please ask President Bush to extend this deadline so seniors do not have to pay a penalty for this very confusing new drug law.

Mr. DEAL of Georgia. Mr. Speaker, I yield myself the balance of our time.

Mr. Speaker, this has indeed been an interesting debate. Here we are having people who did not vote for the bill who for 40 years controlled this House and kept saying to seniors, we are going to provide you with a drug benefit and never delivered.

The Republicans delivered. They did not like the bill. They still do not like the bill. Now they say they do not want a deadline, but the bill that they drafted had a March 1 cutoff with penalties following that.

Ours is more generous than that. The purpose of today's debate is to simply remind seniors, this is a voluntary program. If you want to sign up you should do so before May 15.

The confusion, yes, there is confusion because there are a lot of choices out there. Our friends on the other side of the aisle said this will not work and nobody will have any choices. The truth of the matter is, there probably are maybe too many choices, but it is better to have choices than none at all.

Mr. DINGELL. Mr. Speaker, rather than bringing legislation to the House floor that would actually help senior citizens get the prescription drugs they need and address some of the problems that they are having with the new drug benefit, the Republican leadership

has brought forward an "advertisement" in the form of a meaningless resolution that does nothing, absolutely nothing, to make it easier for seniors to enroll in the prescription drug plan.

Instead, they are encouraging our constituents to beat an artificial deadline and enroll in these plans without having accurate information to prevent them from enrolling in a plan that does not meet their needs.

The independent Government watchdog agency, the Government Accountability Office, recently reported that a good deal of the information that Medicare is providing on this new drug benefit is wrong or incomprehensible to the average beneficiary. For example, Medicare representatives gave an incorrect answer 60 percent of the time when they were asked to help a beneficiary find the lowest-cost plan to enroll in.

These findings also point to larger problems. Because of inaccurate, complicated, or confusing information, seniors have not been given a fair shake. Why is the House not addressing these matters?

We should be here today voting on a bill to extend the May 15 deadline and helping seniors avoid an unfair and unnecessary penalty. Instead, we have a meaningless resolution encouraging seniors to do exactly what they have been doing, which is to evaluate their options. I encourage that—so I will support the resolution. But we should be doing much more to help seniors.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Georgia (Mr. DEAL) that the House suspend the rules and agree to the resolution, H. Res. 802.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. DEAL of Georgia. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this question will be postponed.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 4, 2005, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New York (Mrs. MCCARTHY) is recognized for 5 minutes.

(Mrs. MCCARTHY addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

PRESCRIPTION DRUG DEADLINE

Mr. GEORGE MILLER of California. Mr. Speaker, I ask unanimous consent to take her place since she is not here.

The SPEAKER pro tempore. Without objection, the gentleman from California (Mr. GEORGE MILLER) is recognized for 5 minutes.

There was no objection.

Mr. GEORGE MILLER of California. Mr. Speaker, today I rise to talk about a serious issue facing America's seniors, an issue that was just debated prior on the floor, the upcoming deadline for enrolling in the new Medicare prescription drug program.

I, like many of my colleagues, have held forums around our congressional districts to try and encourage the senior citizens to enroll in the program and to try and help explain it with the help of advisers from Medicare, from the Kaiser health care organization in my district, from the county health care offices and many others to explain the process of enrolling, the benefits, and what the seniors need to get together to do that.

But the problem is that time is going to run out on many of these seniors. There is just 5 days left to enroll in the program or face the possibility of a lifetime penalty. Most seniors do not fully understand the nature of that penalty, that that penalty will be assessed on the value of the average premium paid, and it will be assessed for the rest of the time that the senior is enrolled in the program.

It is a serious and a harsh penalty for those who may not be able to sign up, because they simply failed to understand the program and need additional time. We have been pressing the Congress and the President and the Republicans in this House to extend the enrollment deadline and to waive the penalty for the first year to give people enough time to understand the confusing and complicated program.

Instead the Republicans have brought up this resolution that was just passed here that encourages the beneficiaries not yet enrolled to enroll in the drug plan and to review carefully all of the options available to them.

Many have been trying to do that and have not been able to do it successfully to completion. I do not believe that they should be punished for that. We are talking about individuals who in many cases have other disabilities, other problems, health care problems, and it is not easy to wade through these options that confuse many of them.

This resolution does not do anything to help those individuals avoid the lifetime penalties. It does not give the Federal Government the power to negotiate in bulk for the drug companies and for lower prescription prices.

Instead of passing this resolution, I would have hoped that the Republicans would have brought forth a provision to provide real help to the beneficiaries by giving them more time to review carefully all of the options that are available and delaying the deadline until May 31.

Why, you ask, is this necessary? On April 26, USA Today reported less than 3 weeks remain for most Medicare